



AF/213/ \$

PTO/SB/21 (03-03)

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TRANSMITTAL FORM

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		Application Number	09/287,654
		Filing Date	04-07-1999
		First Named Inventor	DR. PATRICK W. DOWD et al.
		Art Unit	2131
		Examiner Name	CHRISTOPHER REVAK
Total Number of Pages in This Submission	3	Attorney Docket Number	DOWD 3-3

ENCLOSURES (Check all that apply)		
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SC #13
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PTO/SB/32 (10-01)

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REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) DOWD 3-3							
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Assistant Commissioner for Patents, Washington D.C. 20231" on <u>09-25-2003</u></p> <p>Signature <u>Robert D. Morelli</u></p> <p>Typed or printed name <u>ROBERT D. MORELLI</u></p>		<p>In re Application of DR. PATRICK W. DOWD et al.</p> <table border="1"> <tr> <td>Application Number 09/287,654</td> <td>Filed 04-07-1999</td> </tr> <tr> <td colspan="2">For FIREWALL FOR PROCESSING A CONNECTIONLESS NETWORK PACKET</td> </tr> <tr> <td>Group Art Unit 2131</td> <td>Examiner CHRISTOPHER REVAK</td> </tr> </table>		Application Number 09/287,654	Filed 04-07-1999	For FIREWALL FOR PROCESSING A CONNECTIONLESS NETWORK PACKET		Group Art Unit 2131	Examiner CHRISTOPHER REVAK
Application Number 09/287,654	Filed 04-07-1999								
For FIREWALL FOR PROCESSING A CONNECTIONLESS NETWORK PACKET									
Group Art Unit 2131	Examiner CHRISTOPHER REVAK								

Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences from in the appeal of the above-identified application.

The fee for this Request for Oral Hearing is (37 CFR 1.17(d))

\$ 280.00

- Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.
- The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 14-0381. I have enclosed a duplicate copy of this sheet.
- A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550(c).

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I am the

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applicant/inventor. 01 FD:1403 280.00 DA

Robert D. Morelli
Signature

assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

attorney or agent of record.

attorney or agent acting under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a). _____

ROBERT D. MORELLI
Typed or printed name

09-25-2003

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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